

# Idaho Vehicle Collision Report

ITD-90 5-95M 27-010500-0 Revised 8/21/96

Agency Code	Officer #	Report District	Case No.
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Page 1

Date of Collision	Day of Collision (Circle)	Time	Police Dispatched	Police Arrived	EMS Dispatched	EMS Arrived	Location	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF	City or Town
<div style="display: flex; justify-content: space-between;"> <div> <p><b>Complete Box #</b></p> <p>Intersection of 2 streets 1, 2</p> <p>Intersection of Street and: 1, 2, 3</p> <p>Parking Lot / Driveway / Alley 1, 3</p> <p>Non-Intersection 1, 3</p> </div> <div> <p><b>1</b> Name of Street <input type="checkbox"/> On Private Property # of Lanes Posted Speed County Interchange #</p> <p><b>2</b> In the Intersection with: Posted Speed R. R. Crossing # Latitude (GPS)</p> <p><b>3</b> Outside an Intersection <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF Name of Cross Street or # of Ref. Mile Post Marker Collision Loc Mile Point Longitude (GPS)</p> </div> </div>									
<p><b>UNIT 1</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <b>Vehicle Owner</b> Last First M.I. Unit Type</p> <p><b>Driver</b> Last First M.I. <input type="checkbox"/> Same as Driver <input type="checkbox"/> Hit &amp; Run <input type="checkbox"/> As Driver Address Unit Use</p> <p>Street Address Home Phone Vehicle Year Make (Dodge-Chev.) Model (Dart-Nova) Style (2 Dr.) Attach 1</p> <p>City State Zip Code Work Phone Vehicle Color License Plate No. State Attach 2</p> <p>Driver's License No. State Idaho Code # / Violation <input type="checkbox"/> Cited Vehicle Identification No. Est. Cost of Damage</p> <p>Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier Name Policy Number</p> <p><b>Passenger Names and Addresses</b> (Unit 1 only, additional passengers on page 3) Same Address as Driver Seating Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported</p>									
<p><b>UNIT 2</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <b>Vehicle Owner</b> Last First M.I. Unit Type</p> <p><b>Driver</b> Last First M.I. <input type="checkbox"/> Same as Driver <input type="checkbox"/> Hit &amp; Run <input type="checkbox"/> As Driver Address Unit Use</p> <p>Street Address Home Phone Vehicle Year Make (Dodge-Chev.) Model (Dart-Nova) Style (2 Dr.) Attach 1</p> <p>City State Zip Code Work Phone Vehicle Color License Plate No. State Attach 2</p> <p>Driver's License No. State Idaho Code # / Violation <input type="checkbox"/> Cited Vehicle Identification No. Est. Cost of Damage</p> <p>Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier Name Policy Number</p> <p><b>Passenger Names and Addresses</b> (Unit 2 only, additional passengers on page 3) Same Address as Driver Seating Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported</p>									
<p><b>Injured Transported To:</b> By:</p>									

<p><b>Seating</b></p> <p>Front 1 2 3 Vehicle 4 5 6 7 8 9 Motorcycle 7</p> <p>14 Trailing Unit 99 Other U Unknown</p> <p>16 Pedestrian</p> <p>17 Pedalcycle</p> <p><b>Passenger Codes - Non Trailing Unit</b></p> <p>11 Sleeper Sect.(Truck Cab)</p> <p>12 Other enclosed Passngr./Cargo area</p> <p>13 Unenclosed Passngr./Cargo area</p> <p>15 Riding on Vehicle Exterior</p>	<p><b>Protective Devices</b></p> <p>0 None 4 Child Safety Seat</p> <p>1 Shoulder Belt Only 5 Helmet Used</p> <p>2 Lap Belt Only 6 Nonmotorist</p> <p>3 Shoulder &amp; Lap</p> <p><b>Air Bag Equipped</b></p> <p>7 Non-Activated Air Bag, Belts in Use</p> <p>8 Non-Activated Air Bag, No Belts in Use</p> <p>10 Air Bag Activated, Belts in Use</p> <p>11 Air Bag Activated, No Belts in Use</p> <p><b>Ejection</b></p> <p>1 Not Ejected</p> <p>2 Totally Ejected</p> <p>3 Partially Ejected</p> <p>T Thrown from cycle etc.</p> <p><b>Trapped</b></p> <p>1 Not Trapped</p> <p>2 Trapped / Extrication unit used</p> <p>3 Trapped / other extrication method</p>	<p><b>Injury</b></p> <p>K Dead</p> <p>A Incapacitating</p> <p>B Non-Incapacitating</p> <p>C Possible</p> <p>0 None Evident</p> <p>U Unknown</p> <p><b>Transported For Medical Care By</b></p> <p>1 Ambulance</p> <p>2 Police Car</p> <p>3 Helicopter</p> <p>4 Private Vehicle</p> <p>5 Not Transported</p>	<p><b>Unit Type</b></p> <p>1 Pedestrian 8 Pickup with Camper 10 Motorhome</p> <p>2 Pedalcycle 7 Pickup / Van / Panel / Sport Utility Vehicle 11 Snowmobile</p> <p>3 Motorcycle 4 Moped 5 ATV</p> <p>6 Car 30 Farm Equipment (List) 28 Train</p> <p>40 Construction Equip. (List) 99 Other Non-Motor Veh.</p> <p><b>Commercial</b></p> <p>15 Bus 24 Bobtail</p> <p>21 Single Unit Truck - 2 axle/6 Tires 25 Tractor w/Semi Trailer</p> <p>22 Single Unit Truck - 3 axle 26 Tractor w/Double Trailer</p> <p>23 Truck with Trailer 27 Tractor w/Triples Trailer</p> <p><b>Unit Use</b></p> <p>1 Police 5 Taxi</p> <p>2 Ambulance 6 Fire</p> <p>3 Driver Trng. 7 Wrecker</p> <p>4 Government 8 School Bus</p> <p><b>Attachments</b></p> <p>1 Boat Trailer 5 Mobile Home</p> <p>2 Utility Trailer 6 Other</p> <p>3 Travel Trailer</p> <p>4 Towed Vehicle</p>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Locality</th> </tr> <tr> <td>1 Business/Commercial</td> <td>3 School/Playground</td> <td>5 Agricultural</td> <td>7 Residential</td> </tr> <tr> <td>2 Industrial/Manufacturing</td> <td>4 Recreational Area</td> <td>6 Undeveloped</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Light Conditions</th> </tr> <tr> <td>1 Day</td> <td>3 Dark - Street Lights On</td> <td>5 Dark - No Street Lights</td> </tr> <tr> <td>2 Dawn/Dusk</td> <td>4 Dark - Street Lights Off</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Weather Conditions - Two Selections Possible</th> </tr> <tr> <td>1 Clear</td> <td>3 Rain</td> <td>5 Sleet/Hail</td> <td>7 Blowing Dust/Sand</td> </tr> <tr> <td>2 Cloudy</td> <td>4 Snow</td> <td>6 Fog</td> <td>8 Severe Cross Winds</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Road Surface Conditions</th> </tr> <tr> <td>1 Dry</td> <td>3 Slush</td> <td>5 Snow</td> <td>7 Water</td> </tr> <tr> <td>2 Wet</td> <td>4 Ice</td> <td>6 Mud</td> <td>9 Other</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Other Road Conditions</th> </tr> <tr> <td>0 None</td> <td>4 High/Low Shoulder</td> <td>8 Flooded</td> </tr> <tr> <td>1 Ruts/Bumps/Holes</td> <td>5 Loose Gravel/Seal Coat</td> <td>9 Poor Pavement</td> </tr> <tr> <td>2 Slick Asphalt (Bleeding)</td> <td>6 Under Construction</td> <td>Markings</td> </tr> <tr> <td>3 Washboard</td> <td>7 Lane Closed</td> <td></td> </tr> </table>	Locality				1 Business/Commercial	3 School/Playground	5 Agricultural	7 Residential	2 Industrial/Manufacturing	4 Recreational Area	6 Undeveloped		Light Conditions			1 Day	3 Dark - Street Lights On	5 Dark - No Street Lights	2 Dawn/Dusk	4 Dark - Street Lights Off		Weather Conditions - Two Selections Possible				1 Clear	3 Rain	5 Sleet/Hail	7 Blowing Dust/Sand	2 Cloudy	4 Snow	6 Fog	8 Severe Cross Winds	Road Surface Conditions				1 Dry	3 Slush	5 Snow	7 Water	2 Wet	4 Ice	6 Mud	9 Other	Other Road Conditions			0 None	4 High/Low Shoulder	8 Flooded	1 Ruts/Bumps/Holes	5 Loose Gravel/Seal Coat	9 Poor Pavement	2 Slick Asphalt (Bleeding)	6 Under Construction	Markings	3 Washboard	7 Lane Closed		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Officer #</td> <td style="width: 50%;">Case No.</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Road Type</th> </tr> <tr> <td>1 2-Way &amp; Raised/Depressed Divider</td> <td>5 Ramp</td> </tr> <tr> <td>2 2-Way &amp; 2-Way Left Turn Lane Divider</td> <td>6 Alley</td> </tr> <tr> <td>3 One-Way</td> <td>7 Rest Area</td> </tr> <tr> <td>4 2-Way &amp; No Divider</td> <td>8 Port of Entry</td> </tr> <tr> <td>A 2-Way &amp; 2 Double Yellow Painted Divider</td> <td>9 Other</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Road Surface Type</th> </tr> <tr> <td>1 Concrete</td> <td>2 Paved (Asphalt/Brick)</td> <td>3 Gravel/Stone</td> <td>4 Dirt</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">Roadway Geometrics</th> </tr> <tr> <td>1 Straight</td> <td>2 Curve</td> <td>3 Hillcrest</td> <td>5 Level</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Traffic Control</th> </tr> <tr> <td>0 None</td> <td>4 Flashing Beacon</td> <td>8 Officer/Flagger</td> </tr> <tr> <td>1 Stop Sign</td> <td>5 Traffic Signal-Ped. 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UNIT # 1	CONTRIBUTING CIRCUMSTANCES - 3 Possible	UNIT # 2						
<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Exceeded Posted Speed <input type="checkbox"/> 2 Speed Too Fast <input type="checkbox"/> 3 Too Slow for Traffic <input type="checkbox"/> 4 Improper Overtaking	<input type="checkbox"/> 5 Improper Lane Change <input type="checkbox"/> 6 Following Too Close <input type="checkbox"/> 7 Drove Left of Center <input type="checkbox"/> 8 Off Roadway / Over Corrected <input type="checkbox"/> 10 Improper Backing <input type="checkbox"/> 11 Improper Turn <input type="checkbox"/> 12 Failed to Signal <input type="checkbox"/> 13 Failed to Yield <input type="checkbox"/> 14 Passed Stop Sign <input type="checkbox"/> 15 Disregarded Signal <input type="checkbox"/> 16 Tire Defect <input type="checkbox"/> 17 Wheel Defect <input type="checkbox"/> 18 Light Defect <input type="checkbox"/> 19 Other Vehicle Defect <input type="checkbox"/> 21 Alcohol Impaired <input type="checkbox"/> 24 Drug Impaired <input type="checkbox"/> 22 Inattention <input type="checkbox"/> 23 Vision Obstruction <input type="checkbox"/> 24 Asleep/Drowsy <input type="checkbox"/> 25 Sick <input type="checkbox"/> 26 Fatigued <input type="checkbox"/> 27 Physical Impairment <input type="checkbox"/> 28 Improperly Parked <input type="checkbox"/> 31 Previous Accident <input type="checkbox"/> 32 Distraction in/on Vehicle (List) <input type="checkbox"/> 99 Other	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Curve in Road <input type="checkbox"/> 2 Hill Crest <input type="checkbox"/> 3 Roadway Slope/Snowbank <input type="checkbox"/> 4 Trees/Crop/Brush <input type="checkbox"/> 5 Reflection from Surface <input type="checkbox"/> 6 Bright Sunlight <input type="checkbox"/> 7 Bright Headlights <input type="checkbox"/> 8 Weather Conditions <input type="checkbox"/> 10 Rain/Snow/Ice on Windows <input type="checkbox"/> 11 Cracked/Dirty Windows <input type="checkbox"/> 12 Splash/Spray from Other Vehicle <input type="checkbox"/> 18 Vehicle Stopped on Roadway <input type="checkbox"/> 13 Moving Vehicle <input type="checkbox"/> 14 Parked Vehicle <input type="checkbox"/> 15 Traffic Sign <input type="checkbox"/> 16 Billboard/Fence <input type="checkbox"/> 17 Building <input type="checkbox"/> 99 Other						
<b>VISION OBSTRUCTION</b>								
<input type="checkbox"/> INITIAL Point of Impact <input type="checkbox"/> PRINCIPLE Point of Impact	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">POINT OF IMPACT</th> </tr> <tr> <td style="width: 33%;">           Auto / Motorcycle / Tractor with Semi Trailer            13 Top &amp; Windows            14 Undercarriage         </td> <td style="width: 33%;">           Trailing Unit #1            33 Top            34 Undercarriage         </td> <td style="width: 33%;">           Trailing Unit #2            53 Top            54 Undercarriage         </td> </tr> </table>	POINT OF IMPACT			Auto / Motorcycle / Tractor with Semi Trailer 13 Top & Windows 14 Undercarriage	Trailing Unit #1 33 Top 34 Undercarriage	Trailing Unit #2 53 Top 54 Undercarriage	<input type="checkbox"/> INITIAL Point of Impact <input type="checkbox"/> PRINCIPLE Point of Impact
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Auto / Motorcycle / Tractor with Semi Trailer 13 Top & Windows 14 Undercarriage	Trailing Unit #1 33 Top 34 Undercarriage	Trailing Unit #2 53 Top 54 Undercarriage						
<b>EXTENT OF DEFORMITY</b> 0 None   1 Very Minor   2 Minor   3 Minor/Moderate   4 Moderate   5 Moderate/Severe   6 Severe   7 Very Severe								

Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Towed By: _____	Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
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Driver of UNIT # 1	ALCOHOL / DRUG INVOLVEMENT	Driver of UNIT # 2												
<input type="checkbox"/> 1 Neither Alcohol or Drugs Detected <input type="checkbox"/> 2 Yes - Alcohol <input type="checkbox"/> 3 Yes - Drugs <input type="checkbox"/> 4 Yes - Both	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">Alcohol / Drug Test</th> </tr> <tr> <td>1 None Given</td> <td>2 Test Refused</td> <td>3 Blood Test</td> <td>4 Urine Test</td> <td>5 Breath Test</td> <td>6 Field Test</td> </tr> </table>	Alcohol / Drug Test						1 None Given	2 Test Refused	3 Blood Test	4 Urine Test	5 Breath Test	6 Field Test	<input type="checkbox"/> Alcohol Test <input type="checkbox"/> Drug Test
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BAC Test Results: _____	Drug Used (if known): _____	Drug Test Results: _____												
Drug Test Results: _____	BAC Test Results: _____	Drug Used (if known): _____												
Drug Test Results: _____	Drug Test Results: _____	Drug Test Results: _____												

UNIT # 1	UNIT # 2
COMMERCIAL VEHICLE <small>Refer to Instruction Sheet before completing</small>	
<b>Cargo Body</b> 1 Bus   2 Van/Enclosed Box   3 Cargo Tank   4 Flatbed   5 Dump   6 Concrete Mixer   7 Auto Transporter   8 Garbage/Refuse   9 Other   10 Pickup Bed	
# Axles: _____ GVWR-Power: _____ GVWR-All Trailers: _____ ICC # For Load: _____ DOT # For Load: _____	# Axles: _____ GVWR-Power: _____ GVWR-All Trailers: _____ ICC # For Load: _____ DOT # For Load: _____
Hazardous Material: <input type="checkbox"/> Yes <input type="checkbox"/> No Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No Haz-Mat #: _____	Hazardous Material: <input type="checkbox"/> Yes <input type="checkbox"/> No Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No Haz-Mat #: _____
<b>Carrier Name &amp; ICC# or DOT# for Load obtained from...</b>	
1 Shipping Papers   2 Vehicle Side   3 Driver   4 Log Book   9 Other	
(If Carrier different from Vehicle Owner) Carrier Name: _____ Address: _____ City: _____ State: _____ Zip: _____	(If Carrier different from Vehicle Owner) Carrier Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Send **ORIGINAL** to: **Office of Highway Safety, P. O. Box 7129, Boise, Idaho 83707-1129**